

404265

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:	April 30, 2008						
Estimated average burden							
hours per response 16.00							

SEC USE ONLY								
Prefix	, Serial							
DATE RECEIVED								
	1							

UNIFORMIL	AMITED OFFERING EXEM	PHON
Name of Offering (check if this is an amendment and The Amber Fund, LLC	I name has changed, and indicate change.)	
	Rule 505 Rule 506 Section 4(6)	PROCESSEI
	A. BASIC IDENTIFICATION DATA	CFD 9.7
1. Enter the information requested about the issuer		25, 511 SM
Name of Issuer (check if this is an amendment and na	ame has changed, and indicate change.)	THOMSON
The Amber Fund, LLC		
Address of Executive Offices 160 Green ree Drive, Suite 101, Dover, Delaware, 19904	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) 1-516-396-1681
Address of Principal Business Operations (if differer t from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Hedge Fund		RECEIVED
	• •	lease specify: SEF 2 2007
Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-leading CN for Ca		nated 200
GENERAL INSTRUCTIONS		~
Federal: Who Must Vile: All issuers making an offering of securities in 77d(6).	reliance on an exemption under Regulation D or	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days and Exchar ge Commission (SEC) on the earlier of the date		

which it is fue, on the date it was mailed by United States registered or certified mail to that address.

Where To Yile: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopie: of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form, Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BASIC IDE	NTIFICATION DATA							
 Enter the information requested for the following: Bach promoter of the issuer, if the issuer has been organized within the past five years; Bach beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Bach executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Bach general and managing partner of partnership issuers. 									
Check Bo ((es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Sager Cap tal Management, LLC Full Name (Last name first, if individual)	:								
333 Earle Ovington Boulevard, Suite 706, Mitchel Fie Business or Residence Address (Number and Street		de)							
Check Bo:.(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)			<u> </u>	<u> </u>					
333 Earle Ovington Boulevard, Suite 706, Mitchel Fie Business or Residence Address (Number and Street		de)		, _I					
Check Box (es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
David Sager Full Name (Last name first, if individual)				<u>.</u>					
333 Earle Ovington Boulevard, Suite 706, Mitchel Fie	ld New York 11553								
Business or Residence Address (Number and Street		de)							
Check Box(es) that Apply: Promoter NA	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)				,					
NA Business or Residence Address (Number and Street	Cinc State 7:- Co	dal	-						
Business of Residence Address (Number and Street	i, City, State, Zip Co	ue)							
Check Box(es) that Apply: Promoter NA	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if individual)	<u> </u>								
NA									
Business o Residence Address (Number and Street	i, City, State, Zip Co	de)							
Check Box es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
NA Full Name (Last name first, if individual)									
NA									
Business of Residence Address (Number and Street	, City, State, Zip Co	de)							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
NA Full Name (Last name first, if individual)	1		-						
NA Business or Residence Address (Number and Street	. City, State, Zin Co.	de)							
		•		_					

Г	8. INFORMATION ABOUT OFFERING												
L										Yes	No		
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										\boxtimes		
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	What	is the minir	num investr	nent that w	ill be acce	pted from	any indivi	idual?				\$ 250,0	00.00
_	_				1							Yes	No
3.		the offering										☒	Ш
4.		the informa nission or sin	-		•				•	-			
		erson to be li											
	or st	ites, list the n	ame of the b	roker or de	aler. If mo	re than five	e (5) persor	ns to be list	ed are asso				
	a bro	ker or dealer	, you may s	et forth the	informatio	on for that	broker or	dealer only	·-				
Ful	l Nam	e (Last name	first, if ind	ividual)									
N/A													
		or Residence	Address (N	lumber and	Street, Ci	ty, State, Z	(ip Code						
N/A													
		Associated B	roker or De	aler									
N/A		Which Perso	n Listed Uo	s Solioited	on Intende	to Colinit	Durahasans						
314					•							- ·	I C
	(Cne	ck "All State	s" or check	individual :	States)	••••••				*************	••••••••••	∐Аі	I States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	н	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
		: (Last name	first, if ind	ividual)									
N/A						·	71- 62-4-1						
		or Residence	: Address (1	number and	1 Street, C	ity, State.	Zip Code)						
N/A Nar		Associated B	roker or De	aler									
N/A		1330ciated D	TOREI OF DE	uici									
		Which Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Che	:k "All State	s" or check	individual	States)							□ A1	1 States
					————								
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	мо
	МТ	NE	NV	ИН	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR
Ful	l Nam	: (Last name	first, if ind	ividual)		-							
N/A		•	·	ŕ									
_		or Residence	Address (N	Number and	1 Street, Ci	ity, State,	Zip Code)		· 				
N/A	١												
Nar	me of	ssociated B	roker or De	aler									
N/A					<u> </u>					-			
Sta		Which Perso											
(Check "All States" or check individual States)										☐ Al	1 States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	ĹŊ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering and the total amount already solc. Enter "0" if the answer is "none" or "zero," If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Common Preferred Convertible Securities (including warrants) Partnership Interests S S Other (Specify Rule 506) ________ \$ unlimited \$ 0.00 \$ Total _______S Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 ______ Regulation A _______ Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees tiales Commissions (specify finders' fees separately) Other Expenses (identify) Total

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS) 	
	and total expenses furnished in response to l	gate offering price given in response to Part C—Part C—Question 4.a. This difference is the "adj	usted gross	\$	0.00
5.	each of the purposes shown. If the amoun	gross proceed to the issuer used or proposed to it for any purpose is not known, furnish an es- te total of the payments listed must equal the adju- te to Part C—Question 4.b above.	timate and		
			Payme Offic Directe Affili	ers, ors, &	Payments to
	Salaries and fees		🗀 s	[]s	

	Purc asse, rental or leasing and installation				
		s and facilities	<u> </u>		
	Acquisition of other businesses (including offering that may be used in exchange for	the value of securities involved in this			
	Repayment of indebtedness			_ s	
	Worling capital	,			
	Other (specify):		s	\$	
				Ds	
	Colu nn Totals		ss	[s	
	Total Payments Listed (column totals add	led)	[] s	
		D. FEDERAL SIGNATURE			
_		D, FEDERAL SIGNATURE			
ig	nature constitutes an undertaking by the issu	ed by the undersigned duly authorized person. I er to furnish to the U.S. Securities and Exchan non-accredited investor pursuant to paragraph	ge Commission, upon		
55	uer (Pr nt or Type)	Signature Sases	Date	107	
	e Amber Fund, LLC me of Signer (Print or Type)	Title of Signer (Print or Type)		<i>i i</i>	
	d Sager	Managing Member			
	o outer	1 Managing Member			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE									
1.	Is any party described in 17 CFR 230.262 proprovisions of such rule?	• • •		Yes	No						
	See A	ppendix, Column 5, for state response.									
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as require		in which this notice is fik	ed a noti	ice on Form						
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon w	ritten request, information	on furni	shed by the						
4.	The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the st of this exemption has the burden of establish	ate in which this notice is filed and underst	ands that the issuer claim								
	e has read this notification and knows the contemborized person.	nts to be true and has duly caused this notice	to be signed on its behalf	by the t	undersigned						
Issuer (Print or Type)	Signature Co 100	Date /12/0	7	,						
The Ami	ber Fund, LLC	- The ruge	6/10/								
Name (I	Print or Type)	Title (Print or Type)		ide i Furid, ELC							

Managing Member

Instruction.

Fred Sagei

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures

				APPI	ENDIX				
1	Intend to non-a investor	2 I to sell eccredited s in StateItem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pr	4 f investor and urchased in State t C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Number of Number of Accredited Non-Accredited			Yes	No
AL		×	Rule 506/ Unlimited						×
AK		×	Rule 506/ Unlimited						×
AZ		X	Rule 506/ Unlimited						×
AR		×	Rule 506/ Unlimited						X
CA		×	Rule 506/ Unlimited						×
со		X	Rule 506/ Unlimited			-			×
СТ		X	Rule 506/ Unlimited						X
DE		×	Rule 506/ Unlimited						×
DC		X	Rule 506/ Unlimited						×
FL		X	Rule 506/ Unlimited						X
GA		×	Rule 506/ Unlimited						×
ні		×	Rule 506/ Unlimited						×
ID		×	Rule 506/ Unlimited						×
IL		×	Rule 506/ Unlimited						×
IN		X	Rule 506/ Unlimited						×
IA		X	Rule 506/ Unlimited						×
KS		×	Rule 506/ Unlimited						×
KY		X	Rule 506/ Unlimited						×
LA		X	Rule 506/ Unlimited						×
ME		X	Rule 506/ Unlimited						×
MD		X	Rule 506/ Unlimited						×
MA		X	Rule 506/ Unlimited						×
MI		×	Rule 506/ Unlimited						×
MN		×	Rule 506/ Unlimited						×
MS		×	Rule 506/ Unlimited		_				×

				APPE	NDIX				
1	Intend to non-a investor	2 I to sell accredited in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО		X	Rule 506/ Unlimited						×
МТ		X	Rule 506/ Unlimited						×
NE		X	Rule 506/ Unlimited						×
NV		X	Rule 506/ Unlimited						X
NH		X	Rule 506/ Unlimited				·		X
ľИ	-	X	Rule 506/ Unlimited						X
NM	-	X	Rule 506/ Unlimited						X
NY		X	Rule 506/ Unlimited						×
NC		X	Rule 506/ Unlimited						×
ND	-	X	Rule 506/ Unlimited						X
ОН		×	Rule 506/ Unlimited						X
ок		X	Rule 506/ Unlimited						X
OR		X	Rule 506/ Unlimited						×
PA		X	Rule 506/ Unlimited						X
RI		X	Rule 506/ Unlimited						X
\$C		X	Rule 506/ Unlimited						X
SD		X	Rule 506/ Unlimited				-		×
TN		X	Rule 506/ Unlimited						×
TX		X	Rule 506/ Unlimited						×
UT		×	Rule 506/ Unlimited						×
VT		×	Rule 506/ Unlimited						×
VA		X	Rule 506/ Unlimited						X
WA		X	Rule 506/ Unlimited						X
wv		×	Rule 506/ Unlimited						×
WI		×	Rule 506/ Unlimited						×

	-			APPI	ENDIX				
I	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		X	Rule 506/ Unlimited						X
PR		×	Rule 506/ Unlimited						×